

State of Washington
Department of Health
PUBLIC HEALTH LABORATORIES
1610 N.E. 150th Street K17-9
P. O. Box 550501
Seattle, Washington 98155-9701
(206) 361-2877

Lab Number

Date Received

SHADED AREAS DOH LAB USE ONLY

REFERENCE BACTERIOLOGY LEGIONELLA CULTURE - DFA

Please Print Clearly

MAIL RESULTS

TO:

ADDRESS:

CITY,
STATE,
ZIP CODE:

AREA CODE & PHONE NO

COUNTY

() -

DESCRIPTION OF SPECIMEN

☐ Material for Culture
SOURCE:

☐ Material for DFA
SOURCE:

☐ REFERENCE Culture
SOURCE:

Date Specimen Collected

Time of Day

| | | | | | |
|----|-----|----|---|----|----|
| MO | DAY | YR | : | AM | PM |
| | | 9 | | | |

PATIENT IDENTIFICATION

| | | | | |
|-------------|---------|-----------|--|----------------------------|
| NAME (LAST) | (FIRST) | (INITIAL) | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | DATE OF BIRTH MO DAY YR |
| ADDRESS | | | CHART OR ID NUMBER | |
| CITY | STATE | ZIP CODE | ORDERING PHYSICIAN | UPIN CODE |

BILLING INFORMATION

| | | | |
|-----------------|--|--|--|
| SUBSCRIBER NAME | | GROUP/PIC # | |
| SUBSCRIBER # | SUBSCRIBER INSURANCE GROUP # | | |
| MEDICARE # | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | MEDICAID # | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| | | <input type="radio"/> KCMBS <input type="radio"/> Medicare <input type="radio"/> Blue Cross <input type="radio"/> Other WPS/CO <input type="radio"/> L & I <input type="radio"/> Other _____ | |

DO NOT WRITE BELOW THIS LINE

LABORATORY REPORT

TYPE OF TEST

☐ CULTURE

☐ DFA

COMMENTS: _____

| | | |
|-----------|-----------|----------------------|
| TESTED BY | UNIT HEAD | DATE OF FINAL REPORT |
|-----------|-----------|----------------------|

DOH 302-012 (2/93)